Texas Department of Public Safety – Private Security Bureau PO Box 4087, Austin, Texas 78773-001

www.txdps.state.tx.us

ONLINE ORIGINAL COMMISSION APPLICATION BACKGROUND HISTORY QUESTIONNAIRE PLEASE TYPE OR PRINT CLEARLY

Company Name: Company		icense Number:	
Applicants Name:		Social Secur	rity Number:
Last	First	Middle	
NOTE: Please check the appropri	riate boxes: () Attached two finger	erprint cards () Attached copy of your	signed IBT FAST receipt
Officer Fingerprint Waiver along v NOTE: If you are a full-time Pea	vith your application. ace Officer certified by Tex	red to submit FBI fingerprint cards; however y () Attached PSB-49 Fi ass Commission on Law Enforcement Office ment Agency you may submit form PSB-00 Pe	ngerprint Waiver er Standards and Education (TCLEOSE) and
Employment Hours:	() Full Time	() Part Time	_
_	se place an "X" to marl	ch question below before this application of the control of the co	er each question.
(1) Have you ever been convict	ed, in any jurisdiction, of	a felony level offense?	□ YES □ NO
(2) If you answered YES to (1) your sentence or probational		than 10 years since you completed	\square YES \square NO \square NOT APPLICABLE
(3) Have you ever been convict	ed, in any jurisdiction, of	a Class A or equivalent misdemeanor?	□ YES □ NO
(4) If you answered YES to (3) above, has it been LESS than 5 years since you completed your sentence or probationary period?			\square YES \square NO \square NOT APPLICABLE
(5) Have you, within the past 5 misdemeanor or equivalent		any jurisdiction, of a Class B	□ YES □ NO
(6) Are you currently charged with, or under indictment for, a felony, or a Class A misdemeanor			P □ YES □ NO
(7) Are you currently charged with, a Class B misdemeanor?			□ YES □ NO
(8) Have you ever been found b	by a court to be incompete	ent by reason of mental defect?	□ YES □ NO
(9) Have you received a dishon honorable discharge, from t	_	onduct discharge, or an other than (If yes attach a copy of your DD-214).	☐ YES ☐ NO
(10) Are you required to registe	er as a sex offender, in thi	s state or any other state?	☐ YES ☐ NO
(11) Are you currently restricted under a court protective order or subject to a restraining order affecting the spousal relationship, other than a restraining order solely affecting property interests, including any court order restraining your conduct as to an intimate partner?			□ YES □ NO
12) Have you been diagnosed by a licensed physician as suffering from a psychiatric disorder or condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control or intellectual ability? If unsure, carefully review Tex. Occ. Code §1702.163 (d), (e) & (f).		☐ YES ☐ NO	
(13) Have you been convicted in any court of a misdemeanor offense involving domestic violence?			☐ YES ☐ NO
(14) Are you an unlawful user of a controlled substance or addicted to any controlled substances?			☐ YES ☐ NO
	If "yes," you must submit a	anyone who is ineligible to work in the copy of your certificate of naturalization docu	☐ YES ☐ NO ument

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

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WARNINGS: Any pending charges or convictions referred to above require the submission of the appropriate court documentation, with this application. Failure to report an arrest or conviction later found by a fingerprint search may result in denial of or revocation of a license based solely on the material misstatement of fact in this application.

By signing below, you are acknowledging that you have reviewed the eligibility criteria of Occupations Code §1702.113 and the definition of 'conviction' provided in §1702.371 and Administrative Rule §35.1. In addition, you have acknowledged and reviewed the disqualifying offenses listed in Administrative Rule 35.46.

I acknowledge that I have read and understand the information contained in the above warning paragraph, and that I have truthfully answered all of the above questions. I understand that a false entry on this document could be considered a criminal violation.

Applicant's Signature:	Date:	
	ted by the Qualified Manager or Owner apployment in a position that requires registration with my company on:	
Applicant's	Date of Employment	
I am requesting that the above applicant be issued	a registration with my company as my employee:	
Qualified Manager or Owner signature:	Date:	

NOTICE: THIS IS A GOVERNMENTAL RECORD.
ANY FALSE ENTRY MADE ON THIS DOCUMENT COULD BE CONSIDERED A CRIMINAL VIOLATION.

In accordance with Rule 35.77, any applications considered incomplete after 90 days may be voided and a new application along with all appropriate documentation and fees may be required.

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